



**WELL CHILD EXAM - EARLY
CHILDHOOD: 4 YEARS**
(Meets EPSDT Guidelines)

DATE

EARLY CHILDHOOD: 4 YEARS

PARENT TO COMPLETE ABOUT THE CHILD	CHILD'S NAME		BROUGHT IN BY		DATE OF BIRTH	
	ALLERGIES			CURRENT MEDICATIONS		
	ILLNESSES/ACCIDENTS/PROBLEMS/CONCERNS SINCE LAST VISIT			TODAY I HAVE A QUESTION ABOUT:		
	YES NO <input type="checkbox"/> <input type="checkbox"/> My child eats a variety of foods. <input type="checkbox"/> <input type="checkbox"/> My child gets along with other children. <input type="checkbox"/> <input type="checkbox"/> My child can dress self.			YES NO <input type="checkbox"/> <input type="checkbox"/> My child can hop on one foot. <input type="checkbox"/> <input type="checkbox"/> My child can sing a song.		
WEIGHT KG/OZ. PERCENTILE		HEIGHT CM/IN. PERCENTILE		BLOOD PRESSURE		
<input type="checkbox"/> Review of systems <input type="checkbox"/> Review of family history						
Screening:						
Hearing Screen		MHZ	R	L		
		4000	_____	_____		
		2000	_____	_____		
		1000	_____	_____		
		500	_____	_____		
Vision Screen		20/	_____	20/	_____	
Development: Circle area of concern						
Adaptive/Cognitive		Language/Communication				
Gross Motor		Social/Emotional		Fine Motor		
Behavior		N	A			
		<input type="checkbox"/>	<input type="checkbox"/>	_____		
Mental Health		<input type="checkbox"/>	<input type="checkbox"/>	_____		
Physical:						
General appearance		N	A			
		<input type="checkbox"/>	<input type="checkbox"/>	Chest	<input type="checkbox"/> <input type="checkbox"/>	
Skin		<input type="checkbox"/>	<input type="checkbox"/>	Lungs	<input type="checkbox"/> <input type="checkbox"/>	
Head		<input type="checkbox"/>	<input type="checkbox"/>	Cardiovascular/Pulses	<input type="checkbox"/> <input type="checkbox"/>	
Eyes		<input type="checkbox"/>	<input type="checkbox"/>	Abdomen	<input type="checkbox"/> <input type="checkbox"/>	
Ears		<input type="checkbox"/>	<input type="checkbox"/>	Genitalia	<input type="checkbox"/> <input type="checkbox"/>	
Nose		<input type="checkbox"/>	<input type="checkbox"/>	Spine	<input type="checkbox"/> <input type="checkbox"/>	
Oropharynx/Teeth		<input type="checkbox"/>	<input type="checkbox"/>	Extremities	<input type="checkbox"/> <input type="checkbox"/>	
Neck		<input type="checkbox"/>	<input type="checkbox"/>	Neurologic	<input type="checkbox"/> <input type="checkbox"/>	
Nodes		<input type="checkbox"/>	<input type="checkbox"/>	Gait	<input type="checkbox"/> <input type="checkbox"/>	
Describe abnormal findings and comments:						

NEXT VISIT: 5 YEARS OF AGE						
HEALTH PROVIDER SIGNATURE						
HEALTH PROVIDER ADDRESS						
Diet _____						
Elimination _____						
Sleep _____						
<input type="checkbox"/> Review Immunization Record <input type="checkbox"/> Lead Exposure						
<input type="checkbox"/> Fluoride Supplements <input type="checkbox"/> Fluoride Varnish						
<input type="checkbox"/> Hct/Hgb _____ <input type="checkbox"/> TB <input type="checkbox"/> Dental Referral						
Health Education: (Check all discussed/handouts given)						
<input type="checkbox"/> Nutrition <input type="checkbox"/> Child Care <input type="checkbox"/> Development						
<input type="checkbox"/> Regular Physical Activities <input type="checkbox"/> Car Safety/ Booster Seat						
<input type="checkbox"/> Safety <input type="checkbox"/> Discipline/Limits/Rules <input type="checkbox"/> Books/Reading						
<input type="checkbox"/> Passive Smoking <input type="checkbox"/> Limit TV/Computer Time <input type="checkbox"/> Helmets						
<input type="checkbox"/> Other: _____						
Assessment/Plan: _____						

IMMUNIZATIONS GIVEN						
REFERRALS						
HEALTH PROVIDER NAME						
HEALTH PROVIDER ADDRESS						

Your Toddler's Health at 4 Years

Milestones

Ways your toddler is developing between 4 and 5 years of age.

Goes up and down stairs easily.

Skips.

Speaks in longer sentences.

Talks about what will happen tomorrow and what happened yesterday.

Can count on her fingers.

Recognizes some letters.

Remembers her address and telephone number.

Plays dress-up.

You help your child learn new skills by playing with her.

For Help or More Information

Children's books on topics you find difficult to discuss: Ask your local health department or a children's librarian at your public library.

For help teaching your child about fire safety: Talk with the firefighters at your local fire station.

Parenting Skills or Support: Family Help line, 1-800-932-HOPE (4673) Family Resources Northwest, 1-888-746-9568 Local Community College Classes

Health Tips

Your child will need certain immunizations before starting school. Make sure you get them soon. If you have decided not to give your child certain vaccines, you will have to sign an exemption form.

Offer your child at least five small servings of fruits and vegetables every day. They are very healthy foods and make good snacks.

Help your child get enough sleep so she will be happier and will learn easier! Put her to bed early so she gets 10-12 hours of sleep at night. Have a bedtime routine to calm her. Read a story or talk together before bed.

Parenting Tips

Encourage your child to use words to tell you why he is upset or sad. Show him how by doing this yourself.

Take time with your child every day to read, do a puzzle, or play an active game outside.

Children are naturally curious about their bodies. Simple, honest answers will help your child feel okay about his body. Use the real names for private parts.

Safety Tips

Booster car seats are for big kids! Use a booster in the back seat with lap/shoulder belts until your child is tall enough for adult seat belts. Boosters soon will be required up to age 6 or 60 pounds.

Make sure your child knows her address and telephone number. Teach her how to call 911 in an emergency. Tell her to stay on the line if she has to call for help. Practice at home with a toy telephone.

Teach your child to stop, drop, and roll on the ground if his clothes catch on fire.

Guidance to Physicians and Nurse Practitioners for Early Childhood (4 years)

The following highlight EPSDT screens where practitioners often have questions. They are not comprehensive guidelines.

Fluoride Screen

Fluoride supplements should be considered for all children drinking fluoride deficient (<0.6 ppm F) water. Before supplements are prescribed, it is essential to know the fluoride concentration of the patient's drinking water. Once the fluoride level of the water supply has been evaluated, either through contacting the public health officials or water analysis, as well as evaluating other sources of fluoride, the daily dosage schedule can be recommended. Pediatric Dentistry: Reference Manual 1999--00.(21)5.

Lead Screen

Screen children for these risk factors:

- Live in or frequently visit day care center, preschool, baby sitter's home or other structure built before 1950 that is dilapidated or being renovated.
- Come in contact with other children with known lead toxicity (i.e., blood lead 15 ug/dl).
- Live near a lead processing plant or with parents or household members who work in a lead-related occupation (e.g., battery recycling plant).

Developmental Milestones

Always ask about and follow-up on parent concerns about development or behavior. You may use the following screening list, or use the Ages and Stages Questionnaire, the Denver II, or the MacArthur Communication Development Inventory.

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Dresses with supervision. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Plays games with other children (e.g., tag).</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says what to do when tired, cold, hungry.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Says first and last name when asked.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Walks up and down stairs, alternating feet. |
| <input type="checkbox"/> | <input type="checkbox"/> | <u>Balances on each foot for 2 seconds.</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Copies a circle. |

Inappropriate play with toys/no pretend play.

Instructions for developmental milestones: At least 90% of children should achieve the underlined milestones by this age. If you have checked "no" on any two items, on *even one* of the underlined items, or if you have checked the **boxed item** (abnormal behavior at this age), refer the child for a formal developmental assessment.

Notes: Immunization schedules are from the Advisory Committee on Immunization Practice of the U.S. Centers for Disease Control and Prevention. **Parents and providers may call Healthy Mothers, Healthy Babies (1-800-322-2588) with questions or concerns on childhood development.**